



STATE OF LOUISIANA

DEPARTMENT OF NATURAL RESOURCES OFFICE OF CONSERVATION PIPELINE SAFETY

ANNUAL REPORT FOR CALENDAR YEAR _____ HAZARDOUS LIQUIDS PIPELINES

I. OPERATOR INFORMATION			
1. Name of Company or Operator _____			
2. Location of Louisiana Office _____			
3. Headquarters Address _____			City State Zip Code
4. List Parish(s) Operating In: _____			City State Zip Code

II. TOTAL SYSTEM DESCRIPTION						
1. General - Miles of Pipe	Steel				Other Than Steel Pipe	
	Cathodic Protected		Unprotected			
	Bare	Coated	Bare	Coated		
Transmission Onshore						
Transmission Offshore						
Gathering Onshore						
Gathering Offshore						
2. Miles of Pipe By Size	Unknown	4" or Less	Over 4" Thru 10"	Over 10" Thru 20"	Over 20" Thru 28"	Over 28"
Transmission Onshore						
Transmission Offshore						
Gathering Onshore						
Gathering Offshore						

III. TOTAL SPILLS/LEAKS - ELIMINATED/REPAIR

Caused By:	Transmission		Gathering	
	Onshore	Offshore	Onshore	Offshore
Corrosion				
Outside Forces				
Construction				
Material Defect				
Other				

IV. NUMBER OF KNOWN SYSTEM LEAKS/BREAKS AT END OF YEAR SCHEDULED FOR REPAIR

1. Transmission _____ 2. Non-Rural Gathering _____

V. ANNUAL REVIEW

Requirement	Description	Date Completed
195.402(a)	Annual Review of Procedural Manual for Operation, Maintenance and Emergencies	
195.403(b)	Annual Training Review	

VI. PREPARATION AND AUTHORIZATION

Prepared by (Type or Print Name) _____

Telephone Number _____

Title of Preparer

Signature

MAIL COMPLETED REPORT TO:
OFFICE OF CONSERVATION
PIPELINE DIVISION
POST OFFICE BOX 94275
BATON ROUGE, LA 70804-9275

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